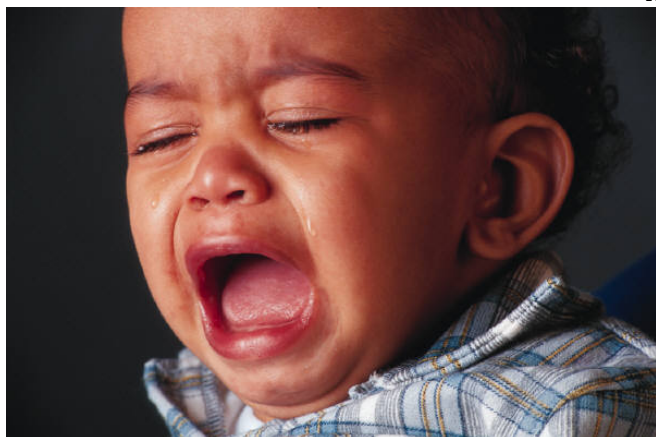




Maltreated Infants and Toddlers in Child Welfare

Practice Bulletin

April 2008



"Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds."

Teicher, 2000, p. 67¹

The right to parent one's child is a fundamental right. Courts have long recognized this and require that reasonable efforts be made prior to terminating parental rights. However, with the passage of the Adoption and Safe Families Act in 1997, congress recognized the paramount importance of a child's right to health and safety. This shift in legal thought has resulted in profound changes in child welfare practices and in juvenile courts. Courts are required to reach a permanency decision within 15 months of the child's placement out of the home. For children under the age of three a permanency decision can be made within six months.

Another law that has impacted child protection is the Child Abuse Prevention and Treatment Act (CAPTA). One provision of this law requires that states identify children below the age of three who are abused or neglected who may be eligible for early intervention services. This change was in response to findings that many children who are victims of abuse or neglect have developmental disabilities but not many receive early intervention services.

Early intervention has been around since the mid 1970's. Why has there been so much attention in the last ten years? Because there has been an explosion of research into child development and its relation to brain development. It was once thought that children were highly adaptable and too immature to be impacted by emotional trauma. We now know that this is not true. Ninety percent of brain growth takes place by the time the child is three, very young children can and do show signs of depression, and traumatic stress can cause long lasting changes to the developing brain.

Young children are at the greatest risk for maltreatment, however as a society we often intervene later with more expensive forms of intervention - residential facilities, hospitals, foster homes and if all else fails prisons. We need to focus more efforts on early intervention. Iowa's early intervention system for children with developmental delays is called Early ACCESS. The Iowa Departments of Education, Human Services, Public Health and Child Health Specialty Clinics are the four signatory partners making up the early intervention system.

In order to be effective, an early intervention system needs to bring together the efforts of many different child and family serving systems. These systems include childcare, medical services, child welfare and the legal system. Communication with such a wide range of services and settings is a daunting challenge for Early ACCESS. To meet this challenge, each state is required to establish an interagency council. The Iowa Council for Early ACCESS has representatives from all the above agencies as well as private providers and parents of children with disabilities.

Innovative Juvenile Courts:

The Adoption and Safe Families Act also encouraged courts to develop new approaches to reuniting families and to expedite adoptions. Due to the significant impact of meth use in child abuse cases, Iowa recently received a grant to expand family drug courts in five areas of the state. This grant presents an opportunity to form collaborative teams to link families with early intervention services.

¹ Understanding the effects of Maltreatment on Early Brain Development, Child Welfare Information Gateway, www.childwelfare.gov/pubs/focus/earlybrain/index.cfm



Maltreated Infants and Toddlers in Child Welfare

Practice Bulletin

April 2008

National Research Indicates²:

- ✓ Nearly one in four children in foster care are below the age of one.
- ✓ Children in foster care have three to seven times more chronic medical conditions, birth defects, and emotional disorders.
- ✓ Interventions that begin earlier and last longer provide greater benefits for children.

Practice Tips:

- ✓ When children see a doctor for a checkup, request a developmental screen.
- ✓ Refer children in foster care who are below the age of three to Early ACCESS.
- ✓ Refer children born with drugs in their system to Early ACCESS and Child Health Specialty Clinics.
- ✓ Encourage parents to consent to Early ACCESS services and monitor follow through.
- ✓ Educate courts about early intervention services.

Screening abused or neglected children for delays:

A relatively small percentage (8%) of maltreated children receive Early ACCESS services. Studies show that 23 to 45% of children in the child welfare system have developmental delays³. Use of structured screening tools have been shown to increase the detection of delays. Some examples of screening tools include Ages and Stages and PEDS. (www.agesandstages.com/ and www.pedstest.com/)

Childcare: Iowa has one of the highest percentages of households with two working parents. This means that many children are cared for outside the home. Studies show that children do best in high quality childcare settings. One innovative attempt to respond to children's behavior when problems are first detected is through Positive Behavioral Supports. Programs that have adopted PBS have been able to reduce outside interventions and focus more time on teaching positive behaviors⁴.

² Lederman, Osofsky, and Katz, *Juvenile and Family Court Journal*, Fall 2001, p. 33

³ Rosenberg, S. Rates of Part C Eligibility for Young Maltreated Children, OSEP Grant # H324T990026

⁴ Hemmeter et. al. , A Program-Wide Model of Positive Behavior Support in Early Childhood Settings. *Journal of Early Interventions*, 2007, vol. 29, no. 4

Early Childhood Resources:

- ✓ Early ACCESS
- ✓ Head Start
- ✓ Empowerment
- ✓ Child Health Specialty Clinics
- ✓ Maternal and Child Health Agencies

Early ACCESS services:

- ✓ The child is below the age of three
- ✓ Has a 25% delay in her or his ability to play, hear, talk, or move.
- ✓ Or, has a known condition that has a high probability to cause later delays. (These conditions include but are not limited to: Down's syndrome, premature birth, cerebral palsy, genetic abnormalities, sensory impairments, spina bifida, high blood lead levels, behavioral conditions, and **foster care placement**)
- ✓ Contact: 1-888-425-4371

Head Start:

- ✓ Pregnant women and children birth to age 5.
- ✓ Must meet income guidelines.
- ✓ Serve children with special needs.
- ✓ Contact: www.iowaheadstart.org/iowa/program.html

Empowerment: Funds a variety of community based services for children and families. Their goals include:

- ✓ Healthy children.
- ✓ Children ready to succeed in school.
- ✓ Safe and supportive communities.
- ✓ Secure and nurturing families.
- ✓ Secure and nurturing childcare environments.
- ✓ Contact: www.empowerment.state.ia.us

Child Health Specialty Clinics:

- ✓ Children birth to age 5.
- ✓ At risk for or have special health care needs.
- ✓ Assess physical, social, neurological, and language.
- ✓ Provide family support and education.
- ✓ Contact: 1-866-219-9119

Maternal Health and Child Health Agencies:

- ✓ For Medicaid eligible and low-income families.
- ✓ Provide a history, physical and immunizations.
- ✓ Conduct vision and hearing screenings.
- ✓ Dental education and referrals.
- ✓ Provide prenatal and post partum care.
- ✓ Contact Healthy Families: 1-800-369-2229